## L09000108213

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## **COVER LETTER**

	egistration Section evision of Corporations		
SUBJECT	DELLA OTALBO I LO		
SCECE		ted Liability Con	npany)
The enclo filing.	sed member, managing member or	manager resig	nation and fee(s) are submitted for
Please retu	urn all correspondence concerning t	his matter to:	
JUAN A	ARCOS		
	(Contact Person)		-
BELLA	STAIRS, LLC		_
	(Firm/Company)		-
10300	SUNSET DRIVE, SUITE 4	60-12	_
	(Address)		
MIAMI,	FL 33173		
-	(City/State and Zip Code)		_
For furthe	er information concerning this matte	r, please call:	
JUAN A	ARCOS	at ( 786	234-5810
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed	please find a check made payable to  √ \$25 Filing Fee		Department of State for: 555 Filing Fee & Certified Copy
	COURIER ADDRESS:		MAILING ADDRESS:
	on Section of Corporations		Registration Section Division of Corporations
Clifton Bu	uilding		P.O. Box 6327
	cutive Center Circle		Tallahassee, Florida 32314

CR2E079 (5/06)



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SEURETARY OF STATE
TALLAHASSEE, FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as LLA STAIRS, LLC	it appears on the records of	the Florida Department	
2. This limited liab	ility company was organized	under the laws of:		
3. The Florida doc L09000108	ument/registration number of 3213	this limited liability compa	any is:	
4. I, Jennilyn G	Sarcia	, hereby resign as a Manager		
(Print N	ame of Person Resigning)		(Print Title)	
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability company	has been notified of my	
Smiles	~ garas			
signature of Res	gning Member, Managing M	ember or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			